

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: INNCARE OF EAGLE RIVER (611037)

Address: 26 MCKINLEY BOULEVARD, EAGLE RIVER, WI 54521

License Status: REGULAR

Licensed/Certified/Registered 07/01/1998

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096759 **End Date:** 03/28/2006 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009530 Served 04/18/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.035(2)	REGULATION OF CBRF		
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		
83.43(3)(b)2	TESTING OF SMOKE DETECTORS		

Survey ID: 0092042 **End Date:** 02/11/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.